



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Hawks, et al.

Serial No.: 10/649,577

Filed: August 26, 2003

Confirmation No.: 5977

Group Art Unit: 2822

Examiner: Trinh, Michael M.

Docket No. 50324-1161

For: **METHOD SUITABLE FOR FORMING
A MICROELECTRONIC DEVICE PACKAGE**

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

In regard to the restriction requirement in the Office Action of April 8, 2004, Applicants submit the following response.

Deposit Account Authorization

It is not believed that extensions of time are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor are hereby authorized to be charged to deposit account no. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Hawks, et al.

Docket No.

050324-1161

Serial No.
10/649,577

Filing Date
August 26, 2003

Examiner
Trinh, Michael M.

Confirmation No.
5977

Group Art Unit
2822

Invention: Method Suitable For Forming A Microelectronic Device Package

Commissioner for Patents
Mail Stop
P.O. Box 1450
Alexandria VA 22313-1450

Transmitted herewith is Response to a Restriction Requirement in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	15 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	1 -	2 =	0	X \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$145.00	\$0.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$0.00
Other Fees:					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. _____.


Charles W. Griggers, Reg. No. 47,283

5-6-04
Date



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 05.06.04

Gloria Simmons
Gloria Simmons

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For: Method Suitable For Forming A Microelectronic Device Package

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Form
Response to Restriction Requirement

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.